

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Charleston STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Charleston State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 1201 Registered No. 1  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**45797**

(2) Full Name of Child Willie May Thomas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 5th 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David - Know</u>			(14) NAME BEFORE MARRIAGE <u>Isaac Thomas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>— — —</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>—</u>	(11) AGE AT LAST BIRTHDAY <u>—</u> (Years)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>—</u>			(18) BIRTHPLACE <u>Charleston Co. S.C.</u>	
(13) OCCUPATION <u>—</u>			(19) OCCUPATION <u>Farm laborer</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dana for Rome

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness Sam Liles

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10th 1916 (28) R. D. Dargatzis Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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